own, and there is much debate over the most suitable treatment type for different conditions. The main objective of the work was to form a regional guideline for common inpatient ENT conditions to help simplify current hospital and general practice protocols.

Methods We decided to review the past 5 years of ENT admissions who required hospital admission and antibiotics within our trust. This was completed through populating a list of patients using coded hospital data specifically looking at the different types of conditions, choice of medication, treatment length and where possible culture sensitivities. The aim was to them compare them with local and international protocols. A systematic literature search was completed alongside the work.

Results In the 5 year period, 3265 patients were seen as an inpatient under ENT and of those 1103 patients received antibiotics. The most common presentations were acute mastoiditis, tonsillitis, neck abscess (superficial and deep) and acute otitis media and externa infections. The most common antibiotic used was Co-amoxiclav of different concentrations with 1245 courses supplied with Co-amoxiclav 1000/200 being the most common. The next most used was Benzyl-penicillin IV with 189 courses given.

Conclusion Certain types of antibiotics are used more commonly within paediatric ENT cases that may not be in line with antimicrobial stewardship. Despite some protocols suggesting other antibiotics as first line, medications that are easier for the patient to take and administered less often are used more commonly despite being more broad-spectrum. Clearer guidelines for ENT doctors, general paediatricians and general practitioners are required to ensure the most appropriate antibiotics are prescribed. Further research is needed to identify which antibiotics are most suitable for specific ENT cases before a national guideline can be drawn up.

G608(P) SCHISTOSOMIASIS SCREENING IN UNACCOMPANIED CHILD REFUGEES

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10.1136/archdischild-2020-rcpch.522

Aims To assess our strategy for diagnosing schistosomiasis in unaccompanied child refugees in the UK. Schistosomiasis is an easily treatable infection with significant risk of long term complications if not treated.

Methods A retrospective analysis of a prospectively collected database of a health screening clinic for unaccompanied child refugees.

Urinalysis, stool microscopy and full blood count with serum save are performed for all refugee young people attending our clinic. Schistosomiasis serology is requested if microscopic haematuria or eosinophilia are found and stool and urine are negative for ova. Schistosomiasis is diagnosed on positive serology or stool/urine microscopy positive for ova. Treatment is single dose praziquantel.

Our incidence of diagnosed schistosomiasis is compared to published country prevalence data.

Results 232 unaccompanied refugees age 16–18 years (median 17 years) were assessed.

44/232 had eosinophilia $>0.4 \times 10^9/L$ (range $0.4\text{--}2.02 \times 10^9/L$). Of these 9 had stool positive for *S.Mansoni* ova, 7

had serum-positive schistosomiasis, 12 had other parasites diagnosed on stool microscopy and 16 tested negative.

20/232 had microscopic haematuria on urinalysis. Only 1/20 had *S.Haematobium* ova on microscopy. One had negative microscopy but had eosinophilia and serum-positive schistosomiasis.

17/217(7.8%) patients who provided stool samples tested positive for *S.Mansoni* ova, 8/17 did not have eosinophilia.

Therefore a total of 25(10.7%) young refugees (24 male, 1 female) tested positive for schistosomiasis: 1 on urine microscopy, 17 on stool and 7 on serology. Countries of origin were Eritrea (10), Sudan (9) and Ethiopia (6). 10/63 (15%) of Eritrean refugees tested positive, 9/41 (22%) of Sudanese refugees and 6/26 (23%) of Ethiopian refugees. Published country population prevalences of schistosomiasis are 41% for Eritrea and 34% for Sudan.

One further Eritrean patient who had normal stool, urine and eosinophils and was discharged, subsequently attended a Tropical Medicine clinic and tested serum-positive for schistosomiasis.

Conclusion We are diagnosing significant rates of schistosomiasis. However, the higher published prevalences for the countries of origin suggest cases may be being missed with our current screening method which relies heavily on eosinophilia and microscopy.

Our screening strategy will therefore be adjusted to include schistosomiasis serology on all young refugees from sub-Saharan Africa. We will prospectively assess the impact of this on our diagnosis rate.

G609(P) PERTUSSIS SEROIMMUNITY IN MOTHER-NEONATE PAIRS IN EGYPT

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10.1136/archdischild-2020-rcpch.523

Background Despite the widespread availability of 2 classes of effective vaccines, whole cell and acellular, pertussis has resurged as a serious public health problem. We sought to investigate the pertussis immune status of mother-neonate pairs in our country where pertussis vaccination is obligatory.

Methods This cross-sectional study was carried during the period from June 2012 to April 2014 and it included 75 healthy full term neonates and their mothers. The enrolled mothers were ensured to be free of any chronic illness and not receiving immunosuppressive drugs. Serum pertussis IgG was measured in all enrolled subjects. A positive titre was defined as >24 U/ml.

Results All mothers (100%) had their vaccination according to the Expanded Program of Immunization (EPI) in the health care offices of the Egyptian Ministry of Health. Their newborns were all full terms. Positive pertussis IgG levels were detected in 69 of the mothers (92%) and in 63 of their newborns (84%). Serum pertussis IgG titers among the neonates showed a significant positive correlation with the maternal titers ($P=0.00001$). Higher rates of pertussis seroimmunity were observed among mothers who are residents in urban and suburban areas as compared to those living in rural areas ($P<0.05$).